

USSN 10/613,370  
Reply to Office Action dated May 17, 2005  
Amendment B

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SEP 09 2005

**CERTIFICATE OF FACSIMILE TRANSMISSION**

The undersigned hereby certifies that the following Amendment B addressed to:  
Commissioner of Trademarks, P.O. Box 1451, Alexandria, Virginia 22313-1451 was sent  
to Fax No. 1-703-872-9306 on:

Date: September 9, 2005.

Signed:

*Charles F. Meroni, Jr.*  
Charles F. Meroni, Jr.

TRADEMARK  
USSN 10/613,370  
Atty File Ref. 02275

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Application of:

ALEX TSEKHANOVSKY, ET AL.

For: AUTOMATIC SLIDING DOOR CLOSURE  
DEVICE

Serial No. 10/613,370

Filed: July 3, 2003

Group Art Unit:  
3677

Examiner:  
Andre L. Jackson

**AMENDMENT B IN RESPONSE TO FINAL REJECTION**

TO:  
Box RESPONSES - FEE DUE  
Commissioner of Trademarks  
P.O. Box 1451  
Alexandria, VIRGINIA 22313-1451

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SEP 13 2005

Dear Sir:

In response to the Office Action dated May 17, 2005, made FINAL, applicant  
submits the following amendments.

Amendments to the Specification: None.

1/14/2005 MAHRED1 00000046 502063 10613370

1 FC:2251 60.00 DA

Adjustment Date: 11/17/2005 SDIRETA1  
09/14/2005 MAHRED1 00000046 502063 10613370  
01 FC:2251 60.00 CR

1

P. 1

8473825478

Meroni and Meroni

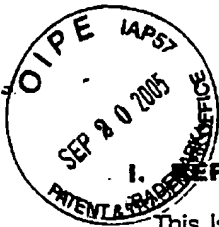
Sep 09 05 05:06p

USSN 10/613,370  
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**Amendments to the Claims:** Reflected in the listing of claims beginning on page 3 of this paper.

**Amendments to the Drawings:** None.

**Remarks/Arguments:** Begin on page 11 of this paper.



09-21-05

DIVISION

DEP &amp; REP

**I. REFUND REQUEST**

This is a request for a refund, with respect to the charge to Deposit Account  
502063, shown on the statement dated SEP 2005, for the  
above-identified

- ☒ application.  
☐ patent.

(check the following, if desired, and supply copy of statement)

- ☒ A copy of the monthly statement, in which the error referred to occurs,  
accompanies this request.

**II. FEES CHARGED FOR WHICH REFUND REQUESTED**

AMOUNT OF  
REFUND  
REQUESTED

- |                                                                                                                                                                   |            |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|
| <input type="checkbox"/> Basic fee                                                                                                                                | _____      |
| <input type="checkbox"/> Examination fee                                                                                                                          | \$ _____   |
| <input type="checkbox"/> Search fee                                                                                                                               | \$ _____   |
| <input type="checkbox"/> Additional fee for specification and drawings                                                                                            | \$ _____   |
| <input checked="" type="checkbox"/> Surcharge for filing the basic filing fee on a date later<br>than the filing date of the application<br>(37 C.F.R. § 1.16(e)) | <u>600</u> |

and/or

- |                                                                                                                                                           |       |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|-------|
| <input type="checkbox"/> Surcharge for filing the oath or declaration on a date<br>later than the filing date of the application<br>(37 C.F.R. § 1.16(e)) | _____ |
| <input checked="" type="checkbox"/> Extension of term                                                                                                     | _____ |
| <input type="checkbox"/> first month                                                                                                                      | _____ |
| <input type="checkbox"/> second month                                                                                                                     | _____ |
| <input type="checkbox"/> third month                                                                                                                      | _____ |
| <input type="checkbox"/> fourth month                                                                                                                     | _____ |
| <input type="checkbox"/> fifth month                                                                                                                      | _____ |
| <input type="checkbox"/> Excess claims                                                                                                                    | _____ |
| <input type="checkbox"/> Issue fee                                                                                                                        | _____ |
| <input type="checkbox"/> Petition fee                                                                                                                     | _____ |
| <input type="checkbox"/> Patent maintenance fee                                                                                                           | _____ |
| <input type="checkbox"/> first maintenance fee                                                                                                            | _____ |
| <input type="checkbox"/> second maintenance fee                                                                                                           | _____ |
| <input type="checkbox"/> third maintenance fee                                                                                                            | _____ |
| <input type="checkbox"/> Patent maintenance fee surcharge                                                                                                 | _____ |
| <input type="checkbox"/> Other _____                                                                                                                      | _____ |
| _____                                                                                                                                                     | _____ |
| _____                                                                                                                                                     | _____ |
| _____                                                                                                                                                     | _____ |

TOTAL REFUND REQUESTED

600

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**United States  
Patent and  
Trademark Office**

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**Deposit Account Statement**

Requested Statement Month: September 2005  
 Deposit Account Number: 502063  
 Name: MERONI & MERONI, PC ATTORNEY AT LAW  
 Attention: CHARLES F MERONI  
 Address: P O BOX 309  
 City: BARRINGTON  
 State: IL  
 Zip: 60011  
 Country: UNITED STATES OF AMERICA

DATE	SEQ	POSTING REF TXT	ATTORNEY DOCKET NBR	FEE CODE	AMT	BAL
09/01	191	6286564	99292	2551	\$450.00	\$10,631.00
09/01	192	6286564	99292	2554	\$65.00	\$10,566.00
09/01	1932	78705258	05186	7001	\$325.00	\$10,241.00
09/01	1956	78705269	05185	7001	\$325.00	\$9,916.00
09/02	23	E-REPLENISHMENT		9203	-\$1,500.00	\$11,416.00
09/06	163	78706289	05199	7001	\$325.00	\$11,091.00
09/06	232	78706334	05200	7001	\$325.00	\$10,766.00
09/08	23	E-REPLENISHMENT		9203	-\$1,400.00	\$12,166.00
09/12	37	10613370	02275	2251	\$60.00	\$12,106.00
09/12	594	78710312	05190	7001	\$325.00	\$11,781.00
09/14	91	10613370	02275	2251	\$60.00	\$11,721.00
09/20	124	6449894	01058	2551	\$450.00	\$11,271.00

*refund  
request*

START BALANCE	SUM OF CHARGES	SUM OF REPLENISH	END BALANCE
\$11,081.00	\$2,710.00	\$2,900.00	\$11,271.00

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